

**November 18, 2006**

**Governor's EMS and Trauma Advisory Council  
Trauma Systems Committee Work Group  
regarding financial incentives/disincentives**

Charge from DSHS – *explore the idea of financial incentives or disincentives as an effective means of maintaining or improving levels of services provided by trauma facilities.*

**Final Recommendations of work group to Trauma Systems Committee**

After researching and discussing the question from multiple angles, including the performance of a formal stakeholder survey, we believe that providing a financial incentive to hospitals which seek to maintain or improve services at or above the level required by regulation would be appropriate and likely effective in helping maintain or improve the current statewide level of trauma care.

In view of this we would like to make the following recommendations:

1. Data be collected (perhaps using the HB 3588 application) regarding the actual physician related costs incurred by hospitals to maintain their current trauma designation.
2. The Trauma Services Committee and/or GETAC appoint a subcommittee to review and revise the current rules governing HB 3588 distribution with consideration of one or both of the following:
  - a. Allowing hospitals to include physician related costs such as call pay and other incentives (with or without a set maximum amount) as uncompensated costs of providing trauma care.
  - b. Redistribution of funds – (particularly the 15% baseline) to those hospitals participating fully at or above an appropriate service coverage level and incurring physician related costs to meet that coverage.